ATTACHMEN. 4.18-A Page 1 - 1 OMB No. 01983

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

provided under section 1905(a)(1) through (5) and (7) of the Act:						
		pe of Cha	rge			
Service	Deduct.	Coins.	Copay.	Amount and Basis for Determination		
In-patient Hospital Service			х	\$100.00 per discharge from the hospital*		
				* The co-payment is based on the average payment per service for In-patient Hospital Services during the state fiscal year 1993. The average payment per day is \$812.00.		

TN # 94-08' Supersedes TN# 86(10)-02.

Approval 03.03 95

Effective 04/01/94 HGFAID:

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Ty	pe of Cha		Amount and Dagic for Determination
Service	Deduct.	Coins.	Copay.	Amount and Basis for Determination
Out-patient Hospital Service			х	\$1.00 per line item*
				* The co-payment is based on the average payment per service for Out-patient Hospital Services during the state fiscal year 1993. The average payment per service is \$22.70.
				•

TN # 94-08 Supersedes
TN# 86(10)-02.

Approval 03/03/95

Effective 4/1/94

HGFAID:

ATTACHME .18-A

OMB No. 01983

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

				t the Act:
Service	Ty Deduct.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination
	Deduce.			
Rural Health Clinic Service			X	* The co-payment is based on the average payment per unit of service for Rural Health clinic Services during the state fiscal year 1993. The average payment is \$41.30.

TN # 94-08 · Supersedes TN# 86(10)-02 qo-4'

03/03/45 Approval

Effective 4/1/94.

HGFAID:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

provided under section 1905 (a	i)(I) thro	ough (5) a	$\operatorname{ind}(7)$ or	tne Act:		
Service		pe of Char		Amount and Pagin for Determination		
Service	Deduct.	Coins.	Copay.	Amount and Basis for Determination		
Federally Qualified Health Center Service			х	\$2.00 per unit*		
				* The co-payment is based on the average payment per unit of service for Federally Qualified Health Center Service during the state fiscal year 1993. The average payment is \$48.40.		
	<u> </u>					

TN # 94-08' Supersedes TN# 86 (10) -02 NEW).

Approval ____03/03/95

Effective 4/1/94

HGFAID:

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided under section 1905(a)(1) through (5) and (7) of the Act:					
Service	Deduct.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination	
Free Standing Dialysis Clinic Service			х	\$2.00 per unit*	
				* The co-payment is based on the average payment per unit of service for Free Standing Dialysis Clinic Service during the state fiscal year 1993. The average payment is \$86.20.	
<u> </u>	L	<u></u>			

TN # 94-08 Supersedes TN# 86(10)-02 NEW

Approval 03/03/95

Effective 4/1/94 ·

HGFAID:

State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

Service	Tyj Deduct.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination		
Physicians' Service			х	\$2.00 per unit (except on allergy, anesthesia and 'J' codes which are \$2.00 per line)*		
				* The co-payment is based on the average payment per unit of service for Physician & Mid-Level Practitioner Services during the state fiscal year 1993. The average payment is \$32.00.		

TN # 94-08 Supersedes TN# 86(10)-02

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Effective 4/1/94

HGFAID:

ATTACHMENT 4.18-A Page 1 - 6 OMB No. 01983

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

provided under section 1905 (a	()(1) thro	ugh (5) a	and (7) of	t the Act:
Service		oe of Cha Coins.	rge Copay.	Amount and Basis for Determination
Licensed Clinical Psychologists' Service	Deduct.	Coins.	х	* The co-payment is based on the average payment per hour of service for Licensed Clinical Psychologists services during the state fiscal year 1993. The average payment is \$42.00.

TN # 94-08 Supersedes TN# 86(10)-02.

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HGFAID:

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided under section 19	905 (a) (1) thro	ougn (5) a	and (/) or	the Act:
Q		pe of Cha		Amount and Dagia for Determination
Service	Deduct.	Coins.	Copay.	Amount and Basis for Determination
Podiatrists' Service			х	\$2.00 per unit*
				* The co-payment is based on the average payment per unit of service for Podiatrists' Services during the state fiscal year 1993. The average payment is \$29.50.

TN # 94-08' Supersedes TN# 86(10)-02

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Attach nt 4.18-A Page ob OMB No. 01983

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the Categorically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Deduc.	Type of Char Coins.	rge Copay.	Amount and Basis for Determination
Optometrists			X	* The co-payment is based on the average payment per unit of service for Optometrists' Services during the state fiscal year 1996. The average payment is \$32.31.
			<u> </u>	

TN	#97-015
Sup	ersedes
TN	#94_08

Approval	12/011	19	7	
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State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

provided under section 1905 (a)(1) through	ougn (5) a	and (7) or	t the Act:
Comrigo		pe of Cha		Amount and Ragic for Determination
Mid Level Practitioner Service	Ty Deduct.		rge Copay.	Amount and Basis for Determination \$2.00 per unit (except on allergy, anesthesia and 'J' codes which are \$2.00 per line)* * The co-payment is based on the average payment per unit of service for Physician & Mid-Level Practitioner Services during the state fiscal year 1993. The average payment is \$32.00.

TN # 94-08. Supersedes TN# 86(10) -02 NEW.

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